

MONTANA BOARD OF OPTOMETRY
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406)841-2390 FAX (406) 841-2305
E-MAIL: dlibsdopt@mt.gov WEBSITE: optometry.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 10 days for processing from the date that the Board has a complete routine application)

OPTOMETRISTS ARE NOT PERMITTED TO PRACTICE OPTOMETRY IN MONTANA IN ANY MANNER
WITHOUT AN ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS:

1. LICENSURE BY EXAMINATION:

- Applicant shall have graduated from High School
- Applicant shall be 18 years of age or older
- Applicant shall have graduated from an accredited School of Optometry accredited by the International Association of Boards of Examiners in Optometry
- Applicant shall have passed the National Board of Examiners NEBO Parts I, II, III and TMOD
- Applicant does not need any previous experience

2. LICENSURE OF OUT OF STATE ALREADY LICENSED APPLICANTS:

- Applicant shall have graduated from High School
- Applicant shall be 18 years of age or older
- Applicant shall have graduated from an accredited School of Optometry accredited by the International Association of Boards of Examiners in Optometry
- Applicant shall have passed the National Board of Examiners NEBO Parts I, II, III and TMOD
- Applicant shall hold a current, valid and unrestricted license to practice optometry in another state or jurisdiction

FEES

\$ 175.00	Application Fee by Examination
\$ 300.00	Out of state Application fee
\$ 75.00	TPA Certificate Fee (all applicants)

****Make check or money order payable to the Montana Board of OPTOMETRY (Fees can be combined into one check) DO NOT SEND CASH**

DOCUMENTS: The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" **copies** of the following and submit with your application:

LICENSURE BY EXAMINATION DOCUMENTS:

- ✓ Copy of High School Diploma or verification of graduation from High School
- ✓ Copy of Diploma from School of Optometry

LICENSE OF OUT OF STATE ALREADY LICENSED APPLICANTS DOCUMENTS:

- ✓ Copy of High School Diploma or verification of graduation from High School
- ✓ Copy of Diploma from the School of Optometry

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

ADDITIONAL DOCUMENTS TO BE SUBMITTED FOR AN APPLICATION TO BE CONSIDERED

LICENSURE BY EXAMINATION:

- ◆ Official transcripts sent directly from an accredited School of Optometry
- ◆ Original National Board Examination Score showing successful completion of Parts I, II, III and TMOD, sent directly from the National Board of Examiners in Optometry (NBEO) to the Board office. (Examination results can be requested from NBEO by calling 1-800-969-3926)
- ◆ License verification/s sent directly from the state/s where you have held or hold a license verifying that there has been no disciplinary action on your license sent directly to the Board office
- ◆ Two reference letters of moral character (Relatives may not be used as references) (From can be found with the application material)
- ◆ Signed statement that the applicant has read the laws & rules for Optometry in the State of Montana
- ◆ Check or money order for the appropriate fees

LICENSURE BY CREDENTIALING:

- ◆ Official transcripts sent directly from an accredited School of Optometry
- ◆ Original National Board Examination Score showing successful completion of Parts I, II, III and TMOD, sent directly from the National Board of Examiners in Optometry (NBEO) to the Board office. (Examination results can be requested from NBEO by calling 1-800-969-3926)
- ◆ License verification/s sent directly from the state/s where you have held or hold a license verifying that there has been no disciplinary action on your license sent directly to the Board office
- ◆ Two reference letters of moral character (Relatives may not be used as references) (From can be found with the application material)
- ◆ Signed statement that the applicant has read the laws & rules for Optometry in the State of Montana
- ◆ Check or money order for the appropriate fees

EXAMINATION INFORMATION:

- ✓ Information regarding the National NBEO examination can be obtained by contacting the following:
National Board of Examiners in Optometry
4340 East West Highway, Suite 1010
Bethesda, Maryland 20814
1-800-969-3926

APPLICATION PROCEDURES

- ◆ When a routine application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if the applicant will be required to appear before the Board during a regularly scheduled Board meeting.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Non-routine applications may take up to 120 days to process.

- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application approval takes approximately 10 days.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file. This delay may effect the processing time.
- ◆ Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- ◆ Montana does not have temporary licensure for optometrists.

For information with regard to the processing of this application or other concerns please contact the Board of Dentistry staff at 406-841-2390 or email us at: dlibsdopt@mt.gov.

PLEASE DOWNLOAD THE MONTANA LAWS AND RULES FOR THE PRACTICE OF OPTOMETRY ON OUR WEBSITE at www.optometry.mt.gov for signature that applicant has reviewed the Laws and Rules

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Application for Licensure as an Optometrist:

☐ Examination ☐ Out of State (already licensed)

Allow 10 days for processing from the date the Board has a complete routine application

1. FULL NAME: _____
Last First Middle

2. OTHER NAME (S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE (_____) (_____) (_____)
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE

9. LICENSE NAME _____
(State your name, as it should appear on the license if granted.)

10. Indicate the National Examination Parts that you have taken and passed:

☐ Part I Year Taken _____ ☐ Part II Year Taken _____

☐ Part III Year Taken _____ ☐ TMOD Year Taken _____

11. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. ☐ Yes ☐ No
13. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
14. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No
15. Have you voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanction or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
16. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No
17. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation. ☐ Yes ☐ No
18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation. ☐ Yes ☐ No
20. Have you any physical or mental condition, which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you used alcohol or any other mood-altering substance in a manner, which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

22. PROFESSIONAL EDUCATION:

Name of High School	City and State/Province/Territory	Dates Attended	Degree Earned

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

23. PROFESSIONAL & CHARACTER REFERENCES.

Please type or print names and addresses of three references. Use these reference names to send the reference forms for your character references.

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Optometry.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.

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VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application.

Legal signature of Applicant

Date

(Please Type or Print):

Name of Applicant: _____

Address: _____

This verification sent to: _____

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Optometry. Your response will be kept confidential.

Name of reference: _____

Daytime phone: _____

Address: _____

Title/profession/position: _____

How long have you known the applicant? _____ In what capacity? _____

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes," please explain: _____

Do you consider this applicant worthy of approval to practice as a Dentist in Montana? _____

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed): _____

Signature of Reference

Date

The Applicant and the Board thank you for your assistance.

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN OPTOMETRIST. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD: MONTANA BOARD OF OPTOMETRY

I am applying for a license to practice Optometry in the State of Montana. The Board of Optometry requires a license verification by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF OPTOMETRY, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated. **The State Board may submit their verification form I lieu of this form.**

(Signature) Name: _____
(Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF OPTOMETRY

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____

**MONTANA BOARD OF OPTOMETRY
STATEMENT**

I _____ hereby certify that I have read the laws and rules of the
(Please print)
Montana Board of Optometry. I certify that I understand them and will abide by them while
practicing optometry in the State of Montana.

(Signature)

(Date)